

ARIZONA STATE VETERINARY MEDICAL EXAMINING BOARD
1740 W. ADAMS ST., SUITE 4600, PHOENIX, ARIZONA 85007
PHONE (602) 364-1PET (1738) FAX (602) 364-1039
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COMPLAINT INVESTIGATION FORM

If there is an issue with more than one veterinarian please file a separate Complaint Investigation Form for each veterinarian

PLEASE PRINT OR TYPE

FOR OFFICE USE ONLY

Date Received: June 13, 2022 Case Number: 22-138

A. THIS COMPLAINT IS FILED AGAINST THE FOLLOWING:

Name of Veterinarian/CVT: DR. JERI
Premise Name: PALM GLEN ANIMAL HOSPITAL
Premise Address: 7771 N. 43RD AVE
City: PHOENIX State: AZ Zip Code: 85051
Telephone: 602-841-1200

B. INFORMATION REGARDING THE INDIVIDUAL FILING COMPLAINT*:

Name: PATTY JOHNSON
Address: [REDACTED]
City: [REDACTED] State: [REDACTED] Zip Code: [REDACTED]
Home Telephone: [REDACTED] Cell Telephone: [REDACTED]

*STATE LAW REQUIRES WE HAVE TO DISCLOSE YOUR NAME UNLESS WE CAN SHOW THAT DISCLOSURE WILL RESULT IN SUBSTANTIAL HARM TO YOU, SOMEONE ELSE OR THE PUBLIC PER A.R.S. § 41-1010. IF YOU HAVE REASON TO BELIEVE THAT SUBSTANTIAL HARM WILL RESULT IN DISCLOSURE OF YOUR NAME, PLEASE PROVIDE COPIES OF RESTRAINING ORDERS OR OTHER DOCUMENTATION.

JUN 13 2022

Initial: [REDACTED]

C. PATIENT INFORMATION (1):

Name: IVY
Breed/Species: GERMAN SHEPARD
Age: 6 Sex: F Color: BLACK / TAN

PATIENT INFORMATION (2):

Name: _____
Breed/Species: _____
Age: _____ Sex: _____ Color: _____

D. VETERINARIANS WHO HAVE PROVIDED CARE TO THIS PET FOR THIS ISSUE:

Please provide the name, address and phone number for each veterinarian.

1. DR. LIPOVITZ NORTH PHOENIX ANIMAL CLINIC
1610 E. BELL ROAD STE. 108 PHOENIX 85022 602-787-4240
2. DR. DAVIS ADOBE ANIMAL HOSPITAL
7712 E. INDIAN SCHOOL RD. SCOTTSDALE 85251 480-990-9561
3. SOUTHWEST VETERINARY SURGICAL SERVICE
22595 N. SCOTTSDALE RD SCOTTSDALE 85255 480-339-2200
4. PALM GLEN ANIMAL HOSPITAL 7771 N. 43RD AVE PHOENIX 602-841-1200

E. WITNESS INFORMATION:

Please provide the name, address and phone number of each witness that has direct knowledge regarding this case.

Attestation of Person Requesting Investigation

By signing this form, I declare that the information contained herein is true and accurate to the best of my knowledge. Further, I authorize the release of any and all medical records or information necessary to complete the investigation of this case.

Signature: Patricia Johnson

Date: 6-7-22

F

Ivy

Ivy ran outside yiped and came hopping in on 3 legs. I thought maybe she sprained her front leg so I wrapped in ace bandage. That was April 5.

She still wasn't walking on it after a couple days so I wrapped an ice pak in bandage.

Finally took her to my vet on April 22 and first look was told it was bone cancer. They took xrays and didn't see anything conclusive so sent to a radiologist to be read. They had also taken a blood sample to check for valley fever.

I was called and told the radiologist couldn't see anything and the blood sample only showed small numbers for valley fever and she was started on Fluconazole and I was told to bring her in a month.

Her leg didn't improve and started swelling in her wrist so I took her in for a second opinion on May 17. Dr. Davis did agree with bone cancer opinion. He said she would need a bone biopsy or have her leg amputated.

Not doing anything would only give her approx.. 3 months to live and amputation would be a year. He sent me to Southwest Veterinary Surgical Service. She went over her paperwork and agreed on amputation for her. I couldn't afford their price so I was referred to Palm Glen Animal Hospital.

Consultation with them was 5-25-2022 and I scheduled surgery for 6-1. I also asked if they could call me when her leg was opened to confirm if her leg looked like it was really bone cancer or maybe just a tumor because by then the swelling in her leg was significant. I was called at 12:07 and was told the leg and the mass was cancer. I decided then to amputate and extend her life. I hadn't heard from vet office so at 3:35 I called to check on her and when to pick her up. I was told she had to go back into surgery I think they said because of bleeding and to pick her up at 6.

When she was brought out she was on a cart and she was very cold and her eyes were huge. I asked if she was ok and was told she was still not fully awake from sedation but she would wake up when I got her home. I was also told to check her gums for color and I mentioned they were white already but was told to look lower. I didn't feel she was ready to go home but they don't have overnight and was given names of places to take her if there was a problem.

They put her in my car and by the time I got home and opened door to take her in house she was dead.

It was a 25 min drive.

Through all of the time since she hurt her leg she never slowed down her playing or eating and was very alert.

Jeri Altizer, DVM
22-138

Dear Arizona State Veterinary Medical Examining Board,

Below is a narrative statement regarding any and all interactions between Patty Johnson and her dog Ivy from me (Dr. Jeri Altizer) and associated staff (see below) and all records applicable.

JM: Jetaime Mayve
RG: Rebecca Huerta
MV: Miranda Valle
LFP: Luisa Perez
YO: Yahaira Ortiz
CM: Catt Murphy
KD: Krystal

May 25, 2022

First encounter with Patty Johnson and her dog Ivy. RG was my technician at the time and had nothing else to add to the event. Patty showed me her previous records and x-rays regarding Ivy's right front carpus. The bone appeared to be moth-eaten and lytic. Discussed Valley Fever and osteosarcoma as being the most likely issue. Also discussed how soft the tissue and mass felt on Ivy's right front leg. Discussed that the Valley Fever test was performed somewhere else and was negative, so we talked about how cancer is a higher likelihood than a benign mass. Recommended a biopsy and debulking of the mass and bone to be sent out. Discussed that amputation is going to be the ultimate surgery and most helpful since we would get the axillary lymph node and obtain clean margins. Strongly recommended going to a board certified surgeon due to how severe the mass was and for the best surgical standard multiple times throughout the exam. Told Patty that I am not a board certified surgeon but I know how to perform the amputation and have done several limb amputations in the past without issue. Also recommended knowing where the nearest emergency hospital is to her so that she knows where to go if anything were to happen. Patty agreed to the biopsy but did not want to discuss amputation right now. Patty did not want to accept that neoplasia was a concern due to how fast the mass presented and grew. At the time of the exam, Ivy was not using the right front leg at all and had moderate muscle atrophy present. Ivy was calm but painful when the mass was palpated. Patty scheduled the biopsy for 6/1/22.

May 26, 2022

Receptionist Catt discussed with Patty: "CM: 05-26-22 at 4:11p: o is wondering if you see the bone and know it is cancer can you stop surgery and o would schedule amputation instead of biopsies...catt" Catt had nothing else to add to the event.

May 28, 2022

Jeri Altizer, DVM
22-138

Technician Jetaime left a voicemail for Patty: "JM: 05-28-22 at 3:02p: called and left voicemail for client. gave the detailed instructions. per Dr. Jeri-We can call while in surgery. If bone looks impaired or is really soft. Will need to ask the client if she would rather have an amputation. Amputation is about \$800.00 for the surgery itself." Jetaime had nothing else to add to this event.

May 31, 2022

Technician Miranda called Patty: "MV: 05-31-22 at 10:47a: TTO asked if they received the vm that was left. O said she did hear the voicemail. o stated that she just wants to do what's best for ivy, o was concerned that she had waited too long to make a decision for ivy's best care. She is also very concerned that p has slowed down and has noticed a drastic change since her first appointment. She is also only eating once a day and seems to be very uncomfortable. We discussed the option that Dr.JRA had given her to see if she had further questions or concerns. O understood the plan that if Dr.JRA examined the bone while in surgery and it presented impaired or really soft we would call her and discuss the option of amputation while still in surgery. O understood, she also asked about biopsy and if the amputation were to be done if she still had to send out biopsy, let her know that would be up to her discretion o stated she probably wouldn't send the biopsy if leg was amputated it just depends on what JRA sees but she will be waiting for a call while p is in surgery. I then advised her to be alert for any phone calls the day of surgery. O stated again that she is afraid she has waited too long but wants to do what's best for ivy...mv " Miranda had nothing else to add to this event.

June 1, 2022

Ivy was in for surgery along with a few other surgeries that day for me. Patty requested to be called if the mass appeared to be cancerous and to perform an amputation if so. Ivy's right front limb had progressed into severe muscle atrophy and appeared painful. Ivy did not appear to be in the same bright demeanor as the first exam. During the biopsy, the tissue was necrotic, friable, and crumbled when touched. I would not be able to close the incision site due to that. Tried to use a JamShidi to obtain a bone sample, but it was not required since the bone was so lytic that it was the consistency of scar tissue. Called Patty while in surgery around 12pm and described the appearance and texture to her. Told her that because of the bone consistency, taking the soft tissue mass off of the bone would not help and may cause a pathologic fracture. Patty was very hesitant about the amputation and kept going back and forth between doing it. I did not pressure her into any decision and told her that I will support her in whether she wants to proceed with the amputation or to just close up the incision and wake her up. Patty ultimately decided to amputate the limb and I asked her twice if she was sure, she responded, yes. I performed the amputation as usual. IV fluids were going at a surgical rate of 5 ml/kg/hour on Ivy pre-, peri-, and post-operatively to compensate for fluid loss. 10-15 minutes into recovery, Ivy was already extubated and started to wake up. However, there was some blood pooling at the incision site enough to worry me. I called Patty to discuss what was going on. Told her that we just finished surgery and she's recovering but I would like to go back into surgery and make sure

Jeri Altizer, DVM
22-138

there isn't an active hemorrhage occurring. Patty understood. Also told her that I will place a light bandage on the incision site to help with small blood pooling and comfort. In the attempt to find any active hemorrhage, no major vessels were actively bleeding and all ligated appropriately. The blood pooling was likely secondary to several small vessels bleeding from the sharp excision of muscle and tissue. Due to this, I closed the excision site. Told Patty that Ivy lost a good amount of blood during the procedure and recommended a transfer to an emergency hospital during recovery for overnight care and potential blood transfusion if needed. Patty told me that she couldn't afford it, so I helped her find a place near her house (Vetmed) so she can be prepared in case of an emergency while Ivy is recovering at home. I told her that we will place a pressure bandage to help minimize bleeding from the small vessels and to come back in the morning for a bandage change. Patty understood and agreed on a time with my technician. I performed a CBC while Ivy was recovering again to make sure she wasn't clinically anemic at 2:48pm. The PCV was 47% and the rest of CBC was unremarkable and all within normal limits. When Patty came to pick Ivy up at 5:45-5:50pm, she was still drowsy and recovering from surgery. Told Patty that she will be recovering from anesthesia slowly since we had to go in the second time later in the day and she understood. Recommended going to a 24 hour facility again. During discharge, Patty kept repeating "I'm so sorry, Ivy, what did I do to you" to Ivy as she was being placed in the car by our technicians. The technicians (LFP and MV) during discharge told me that they were unsure if Patty understood what they said to her when they went over instructions but she signed the papers and did not have any questions when they asked for questions. The technicians made a technician appointment for Ivy to come in for a bandage removal/change the next morning. LFP and MV had nothing else to add to the event.

June 2, 2022

Patty did not come in for the scheduled bandage removal/change for Ivy. Our technician called her to see why Patty did not show up with Ivy that morning. Patty did not attempt to contact us. Technician Yahaira spoke to Patty: "YO: 06-02-22 at 12:39p: TTO- asking for update on p.... unfortunately p died yesterday on the way home. When o opened up her trunk/back seat, p had already passed" Yahaira had nothing else to add to the event.

June 6, 2022

Southwest Veterinary Surgical Service (SVSS) requested records for Ivy Johnson. Records released 6/8 since I was out of office until that time.

June 11, 2022

The histopathology report for Ivy Johnson's limb came back as osteosarcoma from Michigan State University. This was sent over to SVSS to discuss with Patty.

June 13, 2022

Jeri Altizer, DVM
22-138.

Dr. Schaible left a message with our clinic that she would like to speak to me since Patty was asking for an explanation on what occurred, but I was not in the office that day.

June 14, 2022

I got the message that Dr. Schaible from SVSS wanted to speak to me regarding Ivy Johnson. I spoke to her that day and discussed that case. Dr. Schaible told me that I did nothing wrong and did all the things I could possibly do – recommend a 24 hour care facility and board certified surgeon to perform the surgery. We discussed what could potentially have caused the death of Ivy, but we were both unsure. Dr. Schaible told me she will call Patty and discuss what we talked about to see if she can help Patty understand what occurred. Dr. Schaible told me that she thinks Patty was upset but she was able to calm her down after speaking to her for a while. Dr. Schaible was not concerned that Patty would file a complaint to the board based on her conversation with her at that time. I am assuming that she did not know about the board complaint during this conversation and was not told by Patty.

June 17, 2022

I received the letter of the board complaint in the mail.

DOUGLAS A. DUCEY
- GOVERNOR -



VICTORIA WHITMORE
- EXECUTIVE DIRECTOR -

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INVESTIGATIVE COMMITTEE REPORT

TO: Arizona State Veterinary Medical Examining Board

FROM: AM Investigative Committee: Carolyn Ratajack - Chair
Christina Tran, DVM
Robert Kritsberg, DVM
Jarrod Butler, DVM
Steven Seiler

STAFF PRESENT: Tracy A. Riendeau, CVT – Investigations
Marc Harris, Assistant Attorney General

RE: Case: 22-138
Complainant(s): Patty Johnson
Respondent(s): Jeri Altizer, DVM (License: 7551)

SUMMARY:

Complaint Received at Board Office: 6/13/22
Committee Discussion: 11/1/22
Board IIR: 12/14/22

APPLICABLE STATUTES AND RULES:

Laws as Amended August 2018
(Lime Green); Rules as Revised September
2013 (Yellow).

On June 1, 2022, "Ivy," a 6-year-old female German Shepherd was presented to Respondent for a leg amputation due to likely neoplasia. The procedure was performed and Respondent recommended taking the dog to a 24-hour facility for overnight care and monitoring; Complainant declined due to financial constraints and the dog was discharged.

When Complainant arrived home with the dog, the dog had passed away.

Complainant was noticed and appeared.
Respondent was noticed and appeared.

The Committee reviewed medical records, testimony, and other documentation as described below:

- Complainant(s) narrative: *Patty Johnson*
- Respondent(s) narrative/medical record: *Jeri Altizer, DVM*
- Consulting Veterinarian(s) narrative/medical record: *Wayne Lipovitch, DVM; Matthew Davis, DVM; and Megan Schaible, DVM.*

PROPOSED 'FINDINGS of FACT':

1. On April 22, 2022, the dog was presented to Dr. Lipovitch at North Phoenix Animal Clinic for front leg lameness. Complainant reported that on April 5th dog came from outside limping after she heard the dog vocalize. She thought the dog sprained her leg therefore placed an ace bandage on the leg. The dog continued to limp and swelling progressed in the right carpus in spite of placing ice packs and keeping the leg wrapped.
2. Dr. Lipovitch examined the dog, performed radiographs of the dog's front legs and thorax and sent them for review by a radiologist. The report concluded that there was a monostatic proliferative and lytic lesion of the right distal radius, such as primary tumor of bone and nondisplaced pathologic fracture. The differential diagnosis was osteomyelitis, or plasma cell tumor. Dr. Lipovitch submitted a Valley Fever titer and the dog was discharged with Carprofen.
3. On April 29, 2022, Dr. Lipovitch reported to Complainant that the Valley Fever titer was positive at 1:2. He explained he did not know if the weak positive titer had any bearing on the dog boney lesion but recommending starting the dog fluconazole.
4. On May 17, 2022, the dog was presented to Dr. Davis at Adobe Animal Hospital for a second opinion on right forelimb lameness of several weeks' duration with continued progressive pain and swelling in the right radial carpal area. Dr. Davis evaluated the dog and noted a palpably swollen and painful distal antebrachium. The dog was non-weight bearing, but was otherwise bright and alert. He reviewed the radiographs performed 3 weeks earlier that showed an osteolytic lesion in the distal radius, which did not cross the joint. The dog had been started on fluconazole due to a weak positive titer of 1:2 but the distal radial swelling had continued to worsen and become more painful. Dr. Davis discussed with Complainant that in all likelihood the dog had a neoplastic bony lesion but a biopsy would need to be performed which he does not do. He called two surgical specialty facilities for Complainant as he believed time was somewhat of the essence. Southwest Surgical Specialty Center would be contacting Complainant to schedule an appointment. Dr. Davis refilled the dog's Carprofen and added Gabapentin for additional comfort. He further instructed Complainant to keep the dog quiet, no running and out on a leash only to urinate and defecate.
5. On May 23, 2022, the dog was presented to Dr. Schaible for surgical consultation and evaluation of a mass on the right front leg. She reviewed the dog's history and previous diagnostics. Dr. Schaible examined the dog and noted a 5/5 grade, non-weight bearing right forelimb lameness with soft tissue swelling around the carpus that was likely secondary to a bone lesion. Dr. Schaible did not feel the lesion was due to Valley Fever and suspected osteosarcoma. She recommended right forelimb amputation and submitting the entire limb for biopsy and fungal testing to confirm the diagnosis. Dr. Schaible explained that if the lesion was osteosarcoma the prognosis declines and may result in approximately one year survival time with surgery and chemotherapy. Survival time decreases with surgery alone and decreases even more with no surgery. Radiographs and blood work were recommended to screen for metastasis prior to surgery.

6. Dr. Schaible's staff provided estimates to Complainant. Complainant expressed financial constraints therefore it was suggested to seek out a primary care veterinarian that may be able to perform the surgery and obtain estimates. Dr. Schaible's staff reached out to Palm Glen Animal Hospital since they were aware that they perform many surgical procedures and may be able to perform at a lower cost. Complainant was provided their contact information.

7. On May 25, 2022, the dog was presented to Respondent for evaluation of possible bone cancer. Upon exam, the dog had a weight = 71.8 pounds, a temperature = 101.7 degrees, a heart rate = 136bpm and a respiration rate = 50rpm. Respondent noted the dog's right front carpus had firm to soft SQ swelling mainly on the dorsal aspect going around towards the palmar aspect. She reviewed the previous medical records and radiographs. Respondent discussed that cancer was a higher likelihood rather than a benign mass. She recommended a biopsy and debulking of the mass and bone to be sent out. However, amputation was going to be the ultimate surgery and most helpful since they would get the axillary lymph node and obtain clean margins. Respondent strongly suggested multiple times a board certified surgeon due to how severe the mass was and for the best surgical standard. Complainant agreed to the biopsy but did not want to discuss amputation at that time. The biopsy was scheduled for June 1st.

8. In the days leading up to surgery, Complainant and staff discussed that if Respondent suspected cancer when obtaining the bone biopsy, Complainant would like to be called to possibly approve amputation. The limb may or may not be submitted for histopathology. Complainant had voiced concern that she was afraid that she waited too long but wanted to do what was best for the dog.

9. On June 1, 2022, the dog was presented to Respondent for bone biopsy and possible amputation of the right front leg. Complainant requested to be called if the mass appeared to be cancerous and to perform the amputation if so. Upon exam, the dog had a weight = 70.6 pounds, a temperature = 100.6 degrees, a heart rate = 120bpm and a respiration rate = 22rpm. Respondent noted the dog did not appear to be in the same bright demeanor as the first exam. The dog's limb had progressed into severe muscle atrophy and appeared painful. Blood work was performed and revealed the dog was a surgical candidate.

10. An IV catheter was placed and LRS fluids were initiated. The dog was pre-medicated with torbutrol; induced with propofol; intubated; and maintained on isoflurane and oxygen. Respondent incised the proximal aspect of the right carpus; the soft tissue aspect appeared necrotic and friable and crumbled when touching it. It was difficult to obtain a biopsy without taking a large piece of tissue. Respondent attempted to use a JamShidi for the bone biopsy, which was not required since the bone was so lytic that it was the consistency of scar tissue.

11. At this point, Respondent reached out to Complainant and described the appearance and texture of the bone/limb. She explained that because of the bone consistency, taking the soft tissue mass off the bone would not help and may cause a pathologic fracture. Complainant was hesitant about the amputation – Respondent stated that she did not pressure her into any decision and told her that she would support her decision. Ultimately, Complainant elected to

proceed with the amputation. The amputation was performed and the dog was placed in recovery.

12. Respondent monitored the dog; she noted there was blood pooling at the incision site and called Complainant to let her know that she wanted to go back in to ensure there was no active bleeding. Respondent re-entered the incision and did not find any major vessels actively bleeding and all were ligated appropriately. The pooling was likely secondary to several small vessels bleeding from the sharp excision of muscle and tissue. Respondent closed the incision site. The dog was administered unasyn IV; a pressure bandage was placed at the incision site; and the dog was placed in recovery.

13. Respondent contacted Complainant to advise that the dog lost a fair amount of blood during the procedure and recommended transferring the dog to an emergency hospital for overnight care and potential blood transfusion. Complainant stated that she could not afford to transfer the dog therefore Respondent found a place near her home so she could be prepared in case of an emergency. Respondent recommended Complainant returning with the dog in the morning for a recheck and bandage change. At this time, Respondent performed a CBC to make sure the dog was not clinically anemic; PCV = 47%; rest of the CBC was unremarkable.

14. Complainant arrived later that evening to pick up the dog. The dog was still drowsy and recovering from anesthesia. Complainant was again recommended to take the dog to a 24-hour facility. The dog was discharged with Clavamox, Carprofen and Gabapentin.

15. Complainant was concerned about the dog's appearance at discharge – she was cold and her eyes were huge. She was told to check her gum color and she commented that the dog's gums were already white; Complainant did not feel the dog was ready to go home but since they did not provide overnight care, she was provided with places to take the dog if there was an issue. The dog was placed in Complainant's car by Respondent's staff.

16. Upon arriving home, Complainant opened the car door to take the dog into the house and found that she had died.

17. The following day, Complainant did not show up for her scheduled bandage removal/change therefore staff called to check on the dog. Complainant told staff that the dog had died on the way home from the premises.

18. On June 11, 2022, histopathology of the limb revealed osteosarcoma.

19. Complainant had email conversations with Dr. Schaible regarding her concerns of the dog passing after surgery. Dr. Schaible reviewed Respondent's medical records and had a phone conversation with Respondent as well. Dr. Schaible explained to Complainant that it was possible that the dog could have lived if she was transferred to an emergency facility as recommended. However, the dog's passing was likely multifactorial including having cancer, mild blood loss, prolonged anesthesia, and possibly other undetermined factors.

COMMITTEE DISCUSSION:

The Committee discussed that the dog may have died if it had been taken to an emergency facility; however, Respondent performed a major surgery, a forelimb amputation on a 70 pound dog that was allowed to go home while it was still under the effects of anesthesia. Regardless of when the premises closes, the veterinarian is responsible for the patient.

The Committee felt that discharging the pet while it was still under the effects of anesthesia was a violation of the Practice Act. They commented that the dog was anesthetized at 11:30am and the surgery started at 12:30pm, the time delay was likely due to prep time. However, the dog had to under anesthesia a second time due to concerns with bleeding, which can occur. This second surgery occurred at 3 - 3:30pm and the dog was discharged at 5:30pm – two hours later.

COMMITTEE'S PROPOSED CONCLUSIONS of LAW:

The Committee concluded that possible violations of the Veterinary Practice Act occurred.

COMMITTEE'S RECOMMENDED DISPOSITION:

Motion: It was moved and seconded the Board find:

ARS § 32-2232 (11) Gross negligence; for discharging the dog in an unstable condition which led to the death of the dog.

Vote: The motion was approved with a vote of 5 to 0.

The information contained in this report was obtained from the case file, which includes the complaint, the respondent's response, any consulting veterinarian or witness input, and any other sources used to gather information for the investigation.

TR

Tracy A. Riendeau, CVT
Investigative Division

KATIE HOBBS
GOVERNOR



VICTORIA WHITMORE
EXECUTIVE DIRECTOR

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IN ACCORDANCE WITH A.R.S. § 32-2237(D): "IF THE BOARD REJECTS ANY RECOMMENDATION CONTAINED IN A REPORT OF THE INVESTIGATIVE COMMITTEE, IT SHALL DOCUMENT THE REASONS FOR ITS DECISION IN WRITING."

At the December 14, 2022 meeting of the Arizona State Veterinary Medical Examining Board, the Board considered the recommendations of the Investigative Committee regarding case number 22-138 In Re: Jerl Altizer, DVM.

The Board considered the Investigative Committee's Findings of Fact and Conclusions of Law:

- ❖ *ARS § 32-2232 (11) Gross negligence; for discharging the dog in an unstable condition which led to the death of the dog.*

Following discussion, the Board concluded that Respondent's conduct did not rise to the level of a violation and voted to dismiss this issue with no violation.

Respectfully submitted this 18th day of January, 2023.

Arizona State Veterinary Medical Examining Board

A handwritten signature in cursive script that reads "Jessica Creager".

Jessica Creager - Chair